

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION
(FOR INTEL CORPORATION PATENT APPLICATIONS)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

TECHNIQUE TO BOOTSTRAP CRYPTOGRAPHIC KEYS BETWEEN DEVICES

the specification of which

[illegible]

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above. I do not know and do not believe that the claimed invention was ever known or used in the United States of America before my invention thereof, or patented or described in any printed publication in any country before my invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, and that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representatives or assigns more than twelve months (for a utility patent application) or six months (for a design patent application) prior to this application.

I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

I hereby appoint the persons listed on Appendix A hereto (which is incorporated by reference and a part of this document) as my respective patent attorneys and patent agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

Send correspondence to R. Alan Burnett, BLAKELY, SOKOLOFF, TAYLOR &
(Name of Attorney or Agent)
ZAFMAN LLP, 12400 Wilshire Boulevard 7th Floor, Los Angeles, California 90025 and direct
telephone calls to R. Alan Burnett, ((206) 292-8600.
(Name of Attorney or Agent)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole/First Inventor Jesse R. Walker

Inventor's Signature Jesse R. Walker Date 11/8/01

Residence Portland, Oregon Citizenship USA
(City, State) (Country)

Post Office Address 10992 NW Appellate Way
Portland, OR 97229

Full Name of Second/Joint Inventor _____

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____
(City, State) (Country)

Post Office Address _____

Full Name of Third/Joint Inventor _____

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____
(City, State) (Country)

Post Office Address _____

INTEL CORPORATION

Rev. 08/16/01 (D3 INTEL)

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Table 1. Demographic characteristics of the study population	
Age (years)	65.0 ± 1.5
Gender (male/female)	100/100
Education (years)	12.0 ± 1.0
Marital status (married/divorced/widowed)	100/0/0
Occupation (retired/employed)	100/0
Income (USD/month)	1,500.0 ± 200.0
Health insurance (yes/no)	100/0
Comorbidities (hypertension/diabetes/cholesterol)	50/30/20
Smoking status (smoker/non-smoker)	20/80
Alcohol consumption (yes/no)	10/90
Family history of heart disease (yes/no)	30/70
Previous heart surgery (yes/no)	10/90
Current medications (beta-blockers/ACE inhibitors/statins)	40/30/20
Exercise frequency (times/week)	2.0 ± 1.0
Dietary habits (vegetarian/non-vegetarian)	10/90
Stress level (low/moderate/high)	20/50/30
Social support (strong/weak)	60/40
Quality of life score (0-100)	75.0 ± 10.0
Overall health status (good/fair/poor)	80/15/5

Inventor's Signature _____ Date _____

Residence _____ (City, State) Citizenship _____ (Country)

Post Office Address _____

Full Name of Fifth/Joint Inventor _____

Inventor's Signature _____ Date _____

Residence _____ (City, State) Citizenship _____ (Country)

Post Office Address _____

Full Name of Sixth/Joint Inventor _____

Inventor's Signature _____ Date _____

Residence _____ (City, State) Citizenship _____ (Country)

Post Office Address _____

Full Name of Seventh/Joint Inventor _____

Inventor's Signature _____ Date _____

Residence _____ (City, State) Citizenship _____ (Country)

Post Office Address _____